

PERS SELECT BASIC PLAN ADDENDUM #1 FOR 2011

This addendum contains information on the PERS Select Plan with regards to the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act (HR 4872) for 2011. We apologize that this information was not available at the time your Evidence of Coverage booklet was printed. Please put this important information with your Evidence of Coverage booklet for future reference.

Hospice Care. Beginning in 2011, there is no lifetime maximum per Member under the Hospice Care benefit. For your reference see pages 4 and 42-43 of your Evidence of Coverage booklet.

Physical Therapy and Occupational Therapy. The combined **\$3,500** maximum, per Member, each calendar year, under the Physical Therapy and Occupational Therapy provision of the Outpatient or Out-of-Hospital Therapies benefit, is deleted from the Plan. The Plan will now pay for medically necessary physical therapy or occupational therapy services, when rendered by a licensed physical therapist or a licensed occupational therapist for the treatment of an acute condition, up to a combined maximum of twenty-four (24) visits per calendar year. The Plan will pay for additional visits during a calendar year if you obtain precertification from the Review Center. Precertification is required no later than three (3) business days before the service is provided. Contact the Review Center at 1-800-451-6780 for precertification of additional visits. For your reference see pages 5 and 46 of your Evidence of Coverage booklet.

Speech Therapy. The **\$5,000** lifetime maximum, per Member, under the Speech Therapy provision, of the Outpatient or the Out-of-Hospital Therapies benefit, is deleted from the Plan. The Plan will now pay for medically necessary speech therapy services, provided by qualified speech therapist holding a certificate of competence in clinical speech pathology with the American Speech and Hearing Association, up to a maximum of twenty-four (24) visits per calendar year. The Plan will pay for additional visits during a calendar year if you obtain precertification from the Review Center. Precertification is required no later than three (3) business days before the service is provided. Contact the Review Center at 1-800-451-6780 for precertification of additional visits. For your reference see pages 6 and 47 of your Evidence of Coverage booklet.